

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

LOUIS MERRIWEATHER  
348-451  
CHILLICOTHE CORR. INST.  
P.O. BOX 5500  
CHILLICOTHE, OH 45601

## 2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

C. C. C.

☐ Agent☐ Addressee

## B. Received by (Printed Name)

C. CLARKE

## C. Date of Delivery

04/23/04

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0000 1409 0470

Domestic Return Receipt

102595-02-M-0835